

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>HW</i>	<i>67614</i>	<i>3/22/60</i>
O.I.P.E. CLASSIFIER		<i>7</i>	<i>3-27-00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>60870</i>	<i>5-17-68</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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